Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 16-31, 2006.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

12/13/2000 13:30							
APPLICATION FOR				Version 7/0			
FEDERAL ASSISTANCE	<u> </u>	2. DATE SUBMITTED 12/20/2006		Applicant Identifier			
1. TYPE OF SUBMISSION: Application Pre-application		3, DATE RECEIVED BY STATE		State Application Identifier			
Application Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Y Federal Identifier			
Non-Construction Non-Construction							
5. APPLICANT INFORMATION							
Legal Name:			Organizational Unit				
COUNTY OF SAN DIEGO			Department: PUBLIC WORKS				
Organizational DUNS: 00-95816	646	The second s	Division: AIRPORTS				
Address:		A Reserve to the Control of Control Board	Name and tolephone number of person to be contacted on matters				
Street;	The set of	DEC 1 0 2000	Involving this application (give area code)				
1000 IOE CBOSSON DB	eCuserro. In	DEC 1 9 2006	Prefix:	First Name: PETER			
1960 JOE CROSSON DR.			Middle Name				
EL CAJON County:		ATE GLEARING HOUS	Last Name DRINKW	ATCR			
SAN DIEGO	ZIn Codo		Suffix:	THE CONTRACTOR OF THE CONTRACT			
State: CA	Zlp Code 92020						
Country: USA			Email: Peter, Drin	kwater@sdcounty.ca.gov			
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give area code) Fax Number (give area code)				
95-6000934			(619) 956-4800 (619) 956-4801				
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See back of form for Application Types)			
V Ne		ion 🖟 Revision	В				
If Revision, enter appropriate let			Other (specify)				
(See back of form for description of letters.)							
Other (specify)			9. NAME OF FEDER FEDERAL AVIATION				
10. CATALOG OF FEDERAL	DOMESTIC ASSISTA	NCE NUMBER:	11. DESCRIPTIVE T	ITLE OF APPLICANT'S PROJECT:			
		20-106	GILLESPIE FIELD A	IRPORT - CONSTRUCT WEST TRANSIENT			
TITLE (Name of Program):			APRON, (RSAT).				
	ZEMENT PROGRAM (_				
12. AREAS AFFECTED BY PF	,	ies, States, etc.);					
San Diego County, El Cajon, C	A						
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSION, a. Applicant	AL DISTRICTS OF: b. Project			
TBD	TBD Date:		52	52			
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROC	I SUBJECT TO REVIEW BY STATE EXECUTIVE			
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c, State \$		77,563	DATE: 1	2/27/06			
		54,937	_				
d. Local \$, ța	b. No. I PROGRA	M IS NOT COVERED BY E. O. 12372			
e. Other §		·	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE			
f. Program Income S		- Jij		NT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL \$		2,650,000	☐ ☐ Yes If "Yes" attach an explanation. ☑ No				
18. TO THE BEST OF MY KNO	WLEDGE AND BELLE			CATION ARE TRUE AND CORRECT. THE			
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY TH	E GOVERNING BODY OF .	THE APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE			
a. Authorized Representative	THE MODIO LANCE IS	AWARDED.		.1			
Prefix	First Name PETER		Middle	Name			
Last Name	I FEIER		Suffix	L			
			L- CHILLY				

b. Title
DIRECTOR OF COUNTY TIMPORTS

d. Signature of County Timpo

DRINKWATER

Suffix

PPLICATION FOR		2. DATE SUBMITTED 12-70-06		Applicant Identifier R9 Tracking #: 07-017			
DERAL ASSISTANCE		3. DATE RECEIVED BY STATE		State Application Identifier			
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Construction	Construction						
Non-Construction	Non-Construction						
PPLICANT INFORMATION	N		Organizational Unit:				
al Name:		The second secon	Department:				
uth Coast Air Quality Manag	gement orange		Division: Science & Techno	oov Advancement			
ganizational DUNS:	RECE	INED	Maria and talanho	Name and telephone number of person to be contacted on matters involving this application (give area code)			
dress:		2006	involving this app	lication (give are First Name:	ea code)		
eet:	DEC 2	0 2006	Profix:	Mary			
365 Copley Dr.		- Luar	Middle Name		•		
y; amond Bar, CA	STATE CLEA	ARING HOUSE	Last Name				
unty:		The state of the s	Leonard				
s Angeles	Zip Code 91765		Suffix:				
ate: 3	91/65		Email: mleonard@aqmd	.gov			
ountry: SA			Phone Number (g	ve area code)	Fax Number (give area code)		
EMPLOYER IDENTIFICAT			909-396-2780		909-396-2765		
95-309941	ĝ		7. TYPE OF APP	LICANT: (See ba	ck of form for Application Types)		
TYPE OF APPLICATION:	r - ,	tion Revision					
Revision, enter appropriate	New Continua	tion i toresion	Other (specify)				
Revision, enter appropriate se back of form for descript	tion of letters.)		Regional Agency				
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	AL DOMESTIC ASSISTA	ANCE NUMBER:	11. DESCRIPTIV	'E TITLE OF APP	LICANT'S PROJECT:		
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TYPE OF SUBMISSION: Pre-application		4. DATE RECEIVED BY		Federal Identif	ier .	
Construction	[·		PEDEIORE AGEITT			
Mon-Construction	Non-Construct	on I		_\		
APPLICANT INFORMATION	1	RECEIVED	Organizational Unit		· · · · · · · · · · · · · · · · · · ·	
egal Name:		NEVEIVEL	Department:	PUBLIC WORK	S	
COUNTY OF SAN DIEGO		DEC 2 1 2006	Division: AIRPORT	S		
Organizational DUNS: 00-9581646		JEC 4 1 2000	Name and telephone number of person to be contacted on matters Involving this application (give area code)			
Address:		STATE CLEARING HOU	Intolving this apply	cation (give are	a code)	
Street:	·	OTATE OFFWING HOO	OETBIX:	P	ETER	
960 JOE CROSSON DR.		1	Middle Name			
City: EL CAJON			Last Name DRINKV	IATER		
County: SAN DIEGO			Suffix:	MILI		
State: CA	Zip Code 92020					
Country:				nkwater@sdcou	inty.ca.gov	
USA 6. EMPLOYER IDENTIFICAT	ION NUMBER (EIN)		Phone Number (give		Fax Number (give area code)	
			(619) 956-480	00	(619) 956-4801	
95-600093	[4]		7. TYPE OF APPLI	CANT: (See ba	ck of form for Application Types)	
TYPE OF APPLICATION:	low Contin	nuation [] Revision	В			
r novision, enter appropriate l	etter(s) in box(cs)		Other (spedfy)			
See back of form for descripti	on of letters.)] [] .	9. NAME OF FEDE	DAL AGENCY		
Other (specify)			LEEDERAL AVIA III	DN YOMINIO LY	K HON	
10. CATALOG OF FEDERA	L DOMESTIC ASSIS	STANCE NUMBER:	11. DESCRIPTIVE	TITLE OF APP	LICANT'S PROJECT:	
10, CATALOG OF FEDERA	E DOMESTIO ASSI	20-106	GILLESPIE FIELD	AIRPORT - CO	DNSTRUCT WEST TRANSIENT	
(Decemb)		Total Total	APRON, (RSAT).			
TITLE (Name of Program): AIRPORTS IMPR	OVEMENT PROGRA	AM (AIP)				
12. AREAS AFFECTED BY		ounties, States, etc.).			·	
San Diego County, El Cajon,	, CA		14. CONGRESSIO	NAL DISTRICT	S OF:	
13. PROPOSED PROJECT	Ending Date:		a. Applicant		p, Project 52	
Start Date: TBD	TBD		52	ON SUBJECT	TO REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:						
		_				
a Federal	ő	2 517 500	ORDER 12372 PR a. Yes. AVAII	OCESS? PREAPPLICATI ABLE TO THE	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372	
a. Federal	5	2,517,500	ORDER 12372 PR a. Yes. AVAII	OCESS?	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372	
a. Federal b. Applicant	5		a. Yes. Market	OCESS? PREAPPLICATI ABLE TO THE	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372	
	5	2,517,500	a. Yes. AVAIL	OCESS? PREAPPLICATI ABLE TO THE CESS FOR REV	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237 IEW ON	
b. Applicant	5	2,517,500 dn	ORDER 12372 PR THIS AVAIL PROC DATE	OCESS? PREAPPLICATI ABLE TO THE CESS FOR REV : 12/27/06 GRAM IS NOT C	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 NEW ON COVERED BY E. O. 12372	
b. Applicant c. State d. Local	\$	2,517,500 dn	DRDER 12372 PR THIS AVAIL PROC DATE b. No. D PROC	OCESS? PREAPPLICATI ABLE TO THE CESS FOR REV 12/27/06 BRAM IS NOT C	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12373 IEW ON COVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE	
b. Applicant c. State d. Local e. Other	5 5 5	2,517,500 69,563 62,937	DRDER 12372 PR THIS AVAIL PROC DATE b. No. D PROC	OCESS? PREAPPLICATI ABLE TO THE CESS FOR REV 12/27/06 BRAM IS NOT C	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 NEW ON COVERED BY E. O. 12372	
b. Applicant c. State d. Local e. Other f. Program Income	5 5	2,517,500 an 69,563 vn 62,937	DATE a. Yes. AVAIL PROC b. No. OR P OR P 17. IS THE APPL	OCESS? PREAPPLICATI ABLE TO THE CESS FOR REV : 12/27/06 BRAM IS NOT C ROGRAM HAS REVIEW ICANT DELING	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 NOVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT?	
b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	5 5 5 5	2,517,500 and	DATE DATE	OCESS? PREAPPLICATI ABLE TO THE CESS FOR REV : 12/27/06 BRAM IS NOT C ROGRAM HAS REVIEW ICANT DELING	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 NOVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT? Ition. VI No	
b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	S S S S S S S S S NOWLEDGE AND	2,517,500 69,563 62,937 2,650,000 BELIEF, ALL DATA IN THIS ALL DATA IN	DATE DATE	OCESS? PREAPPLICATI ABLE TO THE CESS FOR REV : 12/27/06 BRAM IS NOT C ROGRAM HAS REVIEW ICANT DELING	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237: IEW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT?	
b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	S S S S S KNOWLEDGE AND JLY AUTHORIZED G G IF THE ASSISTAN	2,517,500 69,563 62,937 2,650,000 BELIEF, ALL DATA IN THIS ALL DATA IN	DATE a. Yes. AVAIL PROC DATE b. No. OR P OR P FOR 17. IS THE APPL LYES II "YES" A APPLICATION/PREAF OF THE APPLICANT.	OCESS? PREAPPLICATI ABLE TO THE CESS FOR REV : 12/27/06 BRAM IS NOT C ROGRAM HAS REVIEW ICANT DELING	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237: IEW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT? Ition. VI No	
b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY I DOCUMENT HAS BEEN DI ATTACHED ASSURANCES	S S S S S S S NOWLEDGE AND JLY AUTHORIZED B B IF THE ASSISTAN R TEIRS Name	2,517,500 69,563 62,937 2,650,000 BELIEF, ALL DATA IN THIS ALL DATA IN	ORDER 12372 PR a. Yes. THIS AVAIL PROC DATE b. No. D PROC 17. IS THE APPL LYES II "YES" a APPLICATION/PREAF OF THE APPLICANT.	OCESS? PREAPPLICATI ABLE TO THE CESS FOR REV : 12/27/06 BRAM IS NOT C ROGRAM HAS REVIEW ICANT DELING ITACH OF EXPLORATION AF AND THE APPL ddle Name L.	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237 IEW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT? Ition.	
b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY I DOCUMENT HAS BEEN DI ATTACHED ASSURANCES a. Authorized Representative Prefix	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2,517,500 69,563 62,937 70 2,650,000 BELIEF, ALL DATA IN THIS AND THE GOVERNING BODY OF STANKING BODY O	ORDER 12372 PR a. Yes. THIS AVAIL PROC DATE b. No. OR P FOR 17. IS THE APPL LYES IT "YES" a APPLICATION/PREAF OF THE APPLICANT M	OCESS? PREAPPLICATI ABLE TO THE CESS FOR REV : 12/27/06 BRAM IS NOT C ROGRAM HAS REVIEW ICANT DELING ttach an explana PPLICATION AF AND THE APPL ddle Name L.	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237: IEW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT? INTO SETRUE AND CORRECT. THE ICANT WILL COMPLY WITH THE	
b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY I DOCUMENT HAS BEEN DI ATTACHED ASSURANCES a. Authorized Representative Prefix	S S S S S S S S S S S S S S S S S S S	2,517,500 69,563 62,937 70 2,650,000 BELIEF, ALL DATA IN THIS AND THE GOVERNING BODY OF STANKING BODY O	ORDER 12372 PR a. Yes. THIS AVAIL PROC DATE b. No. OR P FOR 17. IS THE APPL LYES II "YES" a APPLICATION/PREAF OF THE APPLICANT. M SI	OCESS? PREAPPLICATI ABLE TO THE CESS FOR REV : 12/27/06 BRAM IS NOT C ROGRAM HAS REVIEW ICANT DELING ttach an explana PPLICATION AF AND THE APPL ddle Name L.	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237: IEW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT? Ition. W No	
b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY I DOCUMENT HAS BEEN DI ATTACHED ASSURANCES	\$ \$ \$ \$ \$ \$ \$ KNOWLEDGE AND JLY AUTHORIZED FOR THE ASSISTAN	2,517,500 69,563 62,937 2,650,000 BELIEF, ALL DATA IN THIS ALL DATA IN	DATE DATE	OCESS? PREAPPLICATI ABLE TO THE CESS FOR REV : 12/27/06 BRAM IS NOT C ROGRAM HAS REVIEW ICANT DELING	ON/APPLICATION WAS MASTATE EXECUTIVE ORDER SEW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY SELECTE	

FEDERAL ASSISTA	NCE	2. DATE SUBMITTE	≣D	Applicant Ide	Version 7/03	
1. TYPE OF SUBMISSION	l l	December 22, 2006 3. DATE RECEIVED) RV STATE			
Application	Pre-application			State Application Identifier		
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Y Federal Identifier		
Non-Construction 5. APPLICANT INFORMA	Non-Construction				İ	
Legal Name:			Organizational Unit			
River Highlands Communit	y Services District		Department:			
Organizational DUNS: We do not have one			Sewer Fund Division:			
Address:						
Street: 8479 HAMMONTON SMAR	RTSVILLE RD.		Name and telephone involving this applic Prefix:	auon (give are	erson to be contacted on matters	
Çity:			Mr.	First Name: Thomas	RECEIVED	
Smartville County:			Middle Name A.			
Yuba			Last Name Fossum		DEC 2 7 2006	
State: California	Zip Code 95977		Suffix:			
Country:	90977		P.E.		STATE CLEARING HOUSE	
United States 6. EMPLOYER IDENTIFICA	TION NUMBER OF		Email: tfossum@tlowell.com		to be the second	
			Phone Number (give a	rea code)	Fax Number (give area code)	
68-023221 8. TYPE OF APPLICATION	3		(916) 786-0685		(916) 786-0529	
			7. TYPE OF APPLICA	NT: (See back	of form for Application Types)	
Revision, enter appropriate	New Continuation letter(s) in box(es)	Revision	G. Special District (Co			
See back of form for descrip	tion of letters.)		Other (specify)	mildring Servic	es District)	
Other (specify)						
			9. NAME OF FEDERA USDA , Rural Develop	L AGENCY:		
10. CATALOG OF FEDERA	AL DOMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TIT	LE OF APPLIC	ANT'S DROJECT	
TITLE (Name of Program): Water and Waste Disposal L	oan and Grant Program	10-760	The project would be to	o plan and cons	struct improvements necessary to	
2. AREAS AFFECTED BY I	PROJECT (Cities, Counties,	States, etc.):	- Camorria drid i ederal	water quality re	guiations.	
/uba County, California		, ,				
3. PROPOSED PROJECT			14. CONGRESSIONAL	DICTRICTO		
start Date: ebruary, 2007	Ending Date: December 2007		a. Applicant		F: D. Project	
5. ESTIMATED FUNDING:	December 2007		California 2nd District		California 2nd District	
. Federal	le .		ORDER 12372 PROCES	SUBJECT TO R	EVIEW BY STATE EXECUTIVE	
	\$	1,000,000	THIS PREA	PPLICATION/A	APPLICATION WAS MADE	
. Applicant	\$	100,000	AVAILABLE	FOR REVIEW	TE EXECUTIVE OPDED 12272	
State	\$	00				
Local	\$	1,000,000	DATE: Dec	ember 20, 2006	5	
0.11	*		b. No. T PROGRAM	IS NOT COVE	RED BY E. O. 12372	
Other	\$.00	OR PROGR	AM HAS NOT	BEEN SELECTED BY STATE	
Program Income	\$.00	FUR REVIE	W	i i	
TOTAL	\$	00	- THE ATTEICANT	DELINGUENI	ON ANY FEDERAL DEBT?	
TO THE DEST OF MY KN	014	2,100,000	Yes If "Yes" attach ar	n explanation.	☑ No	
TACHED ASSURANCES IF	OWLEDGE AND BELIEF, AL Y AUTHORIZED BY THE GO THE ASSISTANCE IS AWA	L DATA IN THIS API VERNING BODY OF RDED.	PLICATION/PREAPPLICA THE APPLICANT AND TH	TION ARE TRU IE APPLICANT		
Authorized Representative efix						
	First Name Bob		Middle Na	me Kininë		
st Name unckhorst Title			Suffix			
nairman, River Highlands Community Services District Board of Disasters			c. Telepho	c. Telephone Number (give area code)		
olgnature of Authorized Representation	1	(530) 639-2434				
vious Edition Usable	7 - 2 - 2 - 2 - 2 - 2			16-3	20-06	
horized for Local Reproduction	on			S	Standard Form 424 (Rev.9-2003)	

APPLICATION FOR

APPLICATION FOR FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED)	Applicant I	Version	
1. TYPE OF SUBMISSION		December 22, 2006	DV OT L			
Application	Pre-application	3. DATE RECEIVED I	BY STATE	State Application Identifier		
Construction	☑ Construction	4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Ide	entifier	
Non-Construction 5. APPLICANT INFORMAT	Non-Construction			, oderar ide	Suring	
Legal Name:	ION		10			
River Highlands Community	Services District		Organizational Unit: Department:			
Organizational DUNS:			Sewer Fund			
We do not have one			Division:			
Address: Street:			Name and telephone	number of	person to be contacted on matter	
8479 HAMMONTON SMAR	TSVILLE RD.		myoranig uns applica	ation (give a	rea code)	
City			Prefix: Mr.	First Name: Thomas	The state of the s	
City: Smartville			Middle Name A.	monias	HECEIVED	
County: Yuba			Last Name Fossum		DECO	
State: California	Zip Code 95977		Suffix:		DEC 2 7 2006	
Country: United States			P.E. Email:		STATE CLEARING HOUSE	
6. EMPLOYER IDENTIFICAT	TION NUMBER (EIM):		tfossum@tlowell.com		- OLEARING HOUSE	
68-023221			Phone Number (give are (916) 786-0685	ea code)	Fax Number (give area code)	
8. TYPE OF APPLICATION:	JI				(916) 786-0529	
V	lew Continuation	Revision	7. TYPE OF APPLICA	NT: (See ba	ck of form for Application Types)	
If Revision, enter appropriate i (See back of form for descripti	Atter(c) in hey(ce)	II. Revision	G. Special District (Con	nmunity Serv	rices District)	
(See back of lotti for descripti	on or letters.)	П	Other (specify)			
Other (specify)			9. NAME OF FEDERAL USDA , Rural Developn	AGENCY:		
10. CATALOG OF FEDERAL	L DOMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TITL		ICANT'S DECUECT	
		1 0-7 6 0			nstruct improvements necessary to	
TITLE (Name of Program): Water and Waste Disposal Lo	an and Grant Program		bring the Districts Waste California and Federal v	ewater i reat	ment plant into compliance with	
12. AREAS AFFECTED BY P	ROJECT (Cities, Counties, S	States, etc.):				
Yuba County, California						
13. PROPOSED PROJECT Start Date:			14. CONGRESSIONAL	DISTRICTS	OE:	
Start Date: February, 2007	Ending Date: December 2007		a. Applicant	DISTRICTS	b. Project	
15. ESTIMATED FUNDING:	December 2007		California 2nd District		California 2nd District	
a. Federal			ORDER 12372 PROCES	JBJECT TO S2	REVIEW BY STATE EXECUTIVE	
	\$	1,000.000	THIS PREAF	PPLICATION	I/APPLICATION WAS MADE	
o. Applicant)	100,000	AVAILABLE PROCESS F	10 THE ST	ATE EXECUTIVE OPDED 19979	
c. State		00	DATE: Dece			
I. Local		1,000,000				
. Other		00			ERED BY E. O. 12372	
Program Income \$			L FOR REVIEW	·V	T BEEN SELECTED BY STATE	
			17. IS THE APPLICANT	DELINQUE	T ON ANY FEDERAL DEBT?	
. TOTAL \$		2,100,000	7 Voo If "Voo" -441			
8. TO THE BEST OF MY KNO OCUMENT HAS BEEN DULY	WI EDGE AND DELIER AL		Yes If "Yes" attach an		· · · · · · · · · · · · · · · · · · ·	
DCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF T	HE APPLICANT AND THE	ION ARE T	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
TTACHED ASSURANCES IF Authorized Representative	THE ASSISTANCE IS AWA	RDED.			A WILL COMPLY WITH THE	
refix r.	First Name Bob		Middle Nan	no		
ast Name	1000			EN WE		
runckhorst Title			Suffix			
hairman, River Highlands Con	nmunity Services District Boa	rd of Directors	c. Telephor	ne Number (g	give area code)	
Signature of Authorized Repre	sentative)	7	(530) 639-2 e. Date Sigi	nod		
evious Edition Usable	1	C. Date Sigi	12.	-20-06		

APPLICATION FOR	_	A DATE OUDSETTED		l A suling and led	Version 7/03			
FEDERAL ASSISTANCE			2/27/06		Applicant Identifier			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Application Identifier				
☑ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identi	fler			
Non-Construction	Non-Construction	·						
5. APPLICANT INFORMATION Legal Name:			Organizational	linit'				
COUNTY OF SAN DIEGO	Projectiva scool constitutiva de la constitutiva de	TODAY TO MAKE NO PROPERTY OF THE COLUMN COLU	Department;					
Organizational DUNS:	PECE	EIVED	PUBLIC WORKS Division:					
00-95816	onal DUNS: RECEIVED			AIRPORTS				
Address: Street:	DEC 2	8 2006	Name and telephone number of person to be contacted on matters involving this application (give area code)					
1960 JOE CROSSON DR.		18%	Prefix:	First Name: PETER				
Cltv:	STATE CLEA	RING HOUSE	Middle Name		IICN			
EL CAJON County:	Externa 2-20ther relation recommended and research and relative for the forest		Last Name					
SAN DIEGO	<u> </u>	•	DRIN	IKWATER				
State: CA	Zip Code 92020		S⊔ffix;					
Country: USA			Email:	.Drinkwater@sdcour	ntv.ca.gov			
8. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give area code) Fax Number (give area code)					
95-6000934	7		(619) 956~	4800	(619) 956-4801			
8. TYPE OF APPLICATION;			7. TYPE OF APP	LICANT: (See bac	k of form for Application Types)			
□ Nev		n 🔲 Revision	В					
If Revision, enter appropriate lett (See back of form for description	ter(s) in box(es) of letters,)		Other (specify)					
			1					
Other (specify)	,			DERAL AGENCY: TION ADMINISTRAT	TION			
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:			
·		20-106			IRONMENTAL ASSESSMENT			
TITLE (Name of Program):	EMENT PROGRAM (AIF		FOR LAND ACQUISITION and 70 ACRES PARCEL FOR LAND DEVELOPMENT; AND WORK NEEDED TO ENHANCE					
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	, States, etc.):	OPERATIONAL					
San Diego County, El Cajon, C	4							
13. PROPOSED PROJECT				IONAL DISTRICTS				
Start Date: TBD	Ending Date: TBD		a. Applicant 52		b. Project 52			
15. ESTIMATED FUNDING:	1.00			TION SUBJECT TO	REVIEW BY STATE EXECUTIVE			
a. Federal S		υb	ORDER 12372 PI	ROCESS?	VAPPI ICATION WAS MADE			
b. Applicant \$		209,000 `	a. Yes. AVAILABLE TO THE STATE EXECUTIVE OF					
		5,775	PROCESS FOR REVIEW ON					
c. State \$		25,225	DAT	E: 12/29/06 : Fax (9	16) 323-3018			
d. Local \$, 100	- b. No. □ PRO	GRAM IS NOT COV	ERED BY E. O. 12372			
e. Other \$.00		ROGRAM HAS NO	T BEEN SELECTED BY STATE			
f. Program Income \$		òu	FOR	REVIEW	NT ON ANY FEDERAL DEBT?			
g. TOTAL 5		no	4_					
18 TO THE BEST OF MY VINO	WI EDGE AND DELIES	220,000		ttach an explanation				
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	GOVERNING BODY OF '	THE APPLICANT	AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE			
ATTACHED ASSURANCES IF 1 a Authorized Representative	THE ASSISTANCE IS AL	WARDED.						
Prefix	First Name PETER		Mi	ddle Name				
Last Name	IFEIGN		Su	L. Suffix				
DRINKWATER				Telephone Number	(nhin ama anda)			
DIRECTOR OF COUNTY ATTAP	ORTS //	,	(6	319) 956-4800	(Rine 3109 6009)			
d. Signature of sulborized Revie	Settlative / Les Trans	e.	e. Date Signed					

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